Maryland Association of Student Councils

WEB CONSENT AND RELEASE

I hereby consent to the nonprofit use of my likeness and/or voice by the Maryland Association of Student Councils for all purposes of education, instruction, or public information, with or without the use of my name.

Information that may be included on the MASC website
PLEASE INITIAL NEXT TO ALL THAT APPLY:

_____Name

_____Title
Position: _____

_____Picture *(please provide a head shot - electronically)*

_____School

(Please note: emails will only be shared on the MASC Roster. The roster is confidential and will only be shared with executive board members and member schools with directions that it is confidential and not to be shared outside of the MASC executive board)

I am of legal age and competent to execute this consent and release, which I have read and fully understand.*

_____	_____	_____
Student Signature	*printed name*	*date*

_____	_____
**Signature of parent or guardian if individual is under legal age*	*date*

Scan and email to
Karen.Crawford@mdstudentcouncils.org